

TECHNICAL ASSISTANCE GRANT APPLICATION

KENTUCKY ORAL HISTORY COMMISSION

Kentucky Historical Society

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Frankfort, Kentucky 40601

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Project Title _____

Sponsoring Individual/Organization, Address, Telephone _____

Project Director, Address, Telephone _____

Signatures: Project Director _____

Organizational Official _____

Project Description

Please describe the purpose of the proposed oral history project including the specific geographic and subject areas to be covered. Also address the historical significance of the subject and identify any anticipated use of the interviews in a public presentation. Attach additional sheets if more space is required.

Letters of support are encouraged. You may attach a maximum of five.